

From the Medicare Learning Network @ CMS:

Expanded Coverage For PET Scans

On April 16, 2003, The Centers for Medicare & Medicaid Services (CMS) announced its intent to expand coverage of positron emission tomography (PET) for Medicare beneficiaries with thyroid cancer and heart disease. This expanded coverage enhances physicians' current evaluative options, and are examples of CMS' commitment to making new medical technologies available to its beneficiaries when evidence is adequate to conclude that the technology is reasonable and necessary for diagnosis or treatment of an illness.

Thyroid Cancer:

Thyroid cancer constitutes less than one percent (1%) of all human malignant tumors. In a small number of these patients, the usually accurate Iodine-131 whole body scan is not helpful in identifying recurrent disease following initial treatment. In these patients, CMS determined that the evidence is adequate to conclude that PET is reasonable and necessary, with certain limitations, for management of patients with recurrent thyroid cancer.

Cardiac Diseases:

Cardiovascular disease is a broad term encompassing conditions such as hypertension, coronary artery disease, and congestive heart failure. These conditions cause significant morbidity and mortality in the Medicare population. CMS determined that the evidence is adequate to conclude that cardiac imaging with PET, using the radiopharmacological ammonia N-13, is reasonable and necessary, with certain limitations, for the diagnosis and management of patients with known or suspected coronary artery disease.

PET Coverage Not Expanded

Alzheimer's Disease:

Alzheimer's disease (AD) is an age-related and irreversible brain disorder that occurs gradually and results in memory loss, behavior and personality changes, and a decline in thinking abilities. AD is the most common cause of dementia representing approximately two-thirds of cases.

PET has been **proposed** as a diagnostic tool in the management of patients with AD. CMS's review of the evidence concluded that PET did not improve patient outcomes in this group of beneficiaries and, therefore, CMS will continue its present noncoverage policy. The clinical benefit of using PET for patients with AD has not been demonstrated.¹

To provide the best of emerging medical technology for Medicare beneficiaries,

¹ Medicare covers clinical evaluation of cognitive impairment, as recommended by the American Academy of Neurology. At present, the available scientific evidence indicates that clinical evaluation remains the most appropriate approach for diagnosis and management of Alzheimer's disease.

CMS will design a demonstration to evaluate the appropriate role of PET for patients with suspected dementia. CMS will work with Health and Human Services' National Institutes of Health to convene a multi-disciplinary expert meeting with geriatricians, neurologists, radiologists, PET experts, and patient advocates to fully explore the value of PET for AD.

Soft Tissue Sarcoma:

CMS has decided against expanding coverage of PET for soft tissue sarcoma, a rare type of cancer for which current imaging techniques have good diagnostic capabilities. CMS determined that the evidence was not adequate to conclude that PET for soft tissue sarcoma was reasonable and necessary and, therefore, CMS will continue its present noncoverage policy.

Other Coverage

Medicare covers PET, with certain limitations, for the diagnosis, staging and restaging of various cancers, including lung, esophageal, colorectal, lymphoma, head and neck, and breast along with myocardial viability and pre-surgery evaluation of refractory seizures.